

INFORMATION AND PRIVACY ACT RELEASE

THE PERSON REQUESTING INFORMATION OR ASSISTANCE:

NAME:

ADDRESS:

PHONE NUMBER/E-MAIL ADDRESS:

INFORMATION ABOUT THE PERSON FOR WHOM REQUEST IS BEING MADE: (SUPPLY INFORMATION THAT APPLIES)

IF NAME, ADDRESS & PHONE ARE SAME AS ABOVE, CHECK HERE _____

FULL LEGAL NAME:

ADDRESS:

PHONE NUMBER/E-MAIL ADDRESS:

SOCIAL SECURITY NUMBER:

SERVICE NUMBER:

DATE OF BIRTH:

DATE OF DEATH:

BRANCH OF SERVICE:

RANK:

DATES OF SERVICE:

WHAT IS YOUR REQUEST? *(ie Military Personnel Records, Military Medical Records, Medals/Awards, or assistance with a problem – **BE SPECIFIC**).*

AUTHORITY FOR RELEASE OF INFORMATION (REQUIRED BY THE PRIVACY ACT)

I HEREBY AUTHORIZE THE RELEASE OF INFORMATION AND RECORDS TO
THE OFFICE OF SENATOR PATRICK LEAHY.

SIGNATURE X _____